

Application For Sliding Scale Of Counseling Fees

Sliding Scale is based on Gross Annual Household Income

Child's Name / Date

1) CONTACT INFORMATION

Parent's Name

eMail

Street Address

Employer

City, State and Zip

Occupation

Home Phone

Employer's Phone

Cell Phone

How Long Employed

2) FINANCIAL INFORMATION

Person Responsible for Payment (including responsibility of other parent in the case of separation or divorce.)

Do you plan to file counseling charges with your insurance? Yes No

Please provide Annual Gross Amounts for the following income categories:

Salary/Wages

Disability Income

Alimony/Child Support

Other (Interests, Dividends, etc)

Social Security Income

Total Annual Gross Household Income

I certify that the above information is correct. I will notify From Within Counseling of any significant changes in my household income that would affect my receipt of the sliding scale rate.

Signature of Parent/Guardian / Date

Please attach a copy of the most recent tax return of responsible parties. Sliding scale will be determined after review.